

*An Essay*  
*- on -*  
*Rubeola*

Respectfully submitted to the Faculty of the  
Homopathic Medical College  
of  
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- by -  
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## Puerula

The arabian writers were the first to give any acct. of this disease.

Razes gave a distinct name in the ninth century.

Measles and scarlet fever were long confounded as one and the same disease.

Puerula is a febrile disorder of a contagious character, characterized by having a rash and catarrhal symptoms accompanying it.

It usually prevails as an epidemic, and for the most part attacks children, although no age is exempt, unless the person has been previously affected. There are exceptions to this rule recorded by some of the authors of the day, cases of a second attack having been met with, but these are depart-

ures from the general rule-

Symptoms. Measles frequently commence with a feeling of lassitude, slight-chills, pains in the bones, want of appetite, a coated tongue, hot and dry skin, pulse more or less accelerated, and all the symptoms of fever.

This fever is said to approach in character a synochal-

In conjunction with the above named symptoms, and in some cases preceding them, there will be considerable irritation of the mucous membrane lining the air passages, and of the conjunc-

tiva.

There will be a dry hoarse-cough, the voice husky, slight-sore-throat—perhaps, tightness in the chest and dyspnoea.

The eyes will be vascular, and watery, great intolerance of light; the lids heavy and red. There will be considerable sneezing with a flow of mucus from the nose.

The stomach often gives trouble on account of its great irritability, causing the patient to vomit a good deal, and suffer pain in the epigastric region. Also bleeding from the nose is not infrequent along with the other symptoms.

In young children convulsions are frequent: especially during the teething period.

The bowels are frequently constipated, but just the opposite happens often.

The symptoms vary greatly in sever-

ity, they may go on increasing in violence, for two or three days, and then permit so come on again upon the appearance of the rash.

The rash generally comes out on the fourth day from the appearance of the catarrhal symptoms; though this period varies, it may be as long as the eighth day in making its appearance.

It does not often anticipate the time above mentioned.

"If the faeces be examined upon the third day, they will be found to have a punctuated redness."

The rash first appears as small red spots, or rather points, said to resemble flea-bites, which disappear under pressure.

As these increase in number they form

themselves into clusters of a crescentic shape, between these the skin generally presents about its normal appearance.

Externally the eruption appears upon the face, then upon the neck, trunk and superior extremities, thence to all the other parts of the body.

If the hand be passed over the surface of the skin, there will be a distinct roughness will be felt.  
It is stated by some authors that there is often a papular eruption mingled with the rash.

The time occupied for the full completion of this stage is not always constant, I think the average is from two to three days.

The amount of the eruption varies in

different cases, sometimes consisting of only a few spots scattered over the surface.

The rash is much lighter when the fever is high than when it is low. The eruption usually remains out about four days. It leaves the surface in the same order that it made its onset.

The parts from which the rash has disappeared are covered with a dry scurf that crumbles, and has much the appearance of wheat bran.

As the desquamation goes on all of the symptoms should decline with it. The cough becomes easy and the expectoration thick and more opaque, respiration easy &c.

The patient will now often complain

of the aching, and in irritable subjects causes a good deal of scolding.  
This stage lasts as long as five days in some instances.

Frequently we do not have this stage terminating kindly; the febrile symptoms instead of getting better increase in violence, causing pneumonia and bronchitis.

We also often have a very difficult case of ophthalmia to treat.

Sinusitis is also a frequent trouble especially when the weather is warm, this need give no alarm if the symptoms be not very violent, and then the proper remedies will generally act promptly.

The diseases above mentioned often do occur as complications, and add much

to the danger.

Measles may be of a malignant character. This state may arise from the system being depraved, or on a typhoid condition; also the epidemic may be peculiar.

We also have what are known as spurious measles (*Rubella spuria*) here the eruption is similar to measles, but the catarrhal symptoms and fever are absent.

The eruption, as previously stated, has varieties, in some cases appearing late others in which it appears earlier than usual, or disappears suddenly after it has come out and everything appears to be doing well.

These are complications that put a grave character upon this otherwise

mild complaint -

They may arise from various causes, perhaps the most prominent - an exposure to a sudden change in the temperature of the apartment, or to gastric trouble -

We also have the brain affected, and in children this must be particularly watched.

These are a few of the abnormal symptoms and complications of measles. It is not my intention to give much account of them.

Diagnosis. The diagnosis of measles is not as a general thing a very difficult matter. Prevailing as an epidemic the physician is generally on the alert, and is prepared to meet it -

On the first day of the rash it has

(The little points have) much the appearance of the incipient-pimples of small pox.

The two diseases most liable to be confounded with measles are small pox and scarlet-fever -

In the latter disease, the catarrhal symptoms if present at all, do not occur till late in the disease, much later than in measles.

Also in scarlet-fever the throat symptoms are much more violent, than they are in measles.

The color of the rash also differs, that of measles being compared to the hue of the raspberry, while that of scarlet-fever resembles that of a boiled-lobster. The eruption is not a safe guide until it is at least a day old.

The early appearance of the eruption in scarlet-fever is another diagnostic mark of importance.

The skin also is more generally red in the fever than in measles.

With regard to the small-pox, I think there can be but little trouble.

The fever passes off on the appearance of the rash. This rash is much more prominent in variola than it is in rubella, the pimples feeling like shot under the fingers.

The confluent form of small-pox would be an exception to the rule with regard to the fever.

Pathology. When measles prove fatal from the uncomplicated disease, nothing is found but a general congestion of the internal organs, especially of the

mucous membrane.

Prognosis. The prognosis of measles may be said to be favorable.

The complications alter it according to their character and severity.

The constitution of the patient has much to do also with the prognosis. It is stated that in persons of a senile diathesis, measles frequently cause pulmonary consumption.

Treatment. The patient should be placed in bed, and the temperature of the apartment made to suit his wishes.

Great care should be taken that he be not exposed to cold. The tendency to bronchial and pulmonary inflammation renders caution in this respect necessary.

Children especially require care;  
as they are apt to be restless and  
throw off the coverings.

The amount of light should also be  
attended to.

Aconitum. This remedy has been  
thought by many as being almost a  
specific alone in the simple form  
of measles.

It is indicated when the fever is high  
with headache, eyes conjested with  
great intolerance of light, and a  
good-deal of weakness and pro-  
stration. As long as the disease pro-  
gresses along well I should give no other  
medicine.

Aconite would also be proper when  
there is pneumonia, croup, or gouty  
disease with the fever.

Pulsatilla. Next to aconite in point of importance stands Pulsatilla. When the catarrhal symptoms are prominent, or the rash is slow in making its appearance, or the gastric symptoms are severe it will be appropriate.

Pulsatilla is considered a prophylactic by many.

Pelladonna. This remedy is to be used when the throat-symptoms are severe; or when the nervous system is excited. When there is a short dry cough great thirst and a hot dry skin. It is also recommended when there is a retrocession of the eruption after it has been out a day or two.

Bryonia. We employ bryonia when the pectoral symptoms are marked, such as stitches in the chest, respiration difficult and painful, pains in the limbs &c.

Bryonia is also of much use in case of noncessation of the rash; causing it to reappear, or rendering it harmless -

Ipecacuanha. This medicine would be thought of when the gastric symptoms are prominent, a coated tongue, nausea and vomiting, the cough dry, and general feeling of depression.

Arsenicum. Arsenic is to be used generally in the latter stage of the complaint. The indications are, pale and puffed face, shooting burning pains in the eyes, or burning pains

in the epigastric region. It is also often of service in the diarrhoea -

When typhoid symptoms come on with a good deal of prostration -

Cuprum. Act. When there is recession of the rash, with metastasis to the brain, with a general coldness of the surface, with a small weak irregular pulse and convulsions &c. cuprum is the best remedy I know of -

Mercurius. We use mercury, when there is considerable enlargement of the glands, salivation, coated tongue, sore throat &c. also considerable chilliness. For the ulcers that sometimes appear in the mouth and throat Mercurius will be almost a specific.

Sulphur. This remedy is of great import.

and both in the treatment of the disease  
and in the sequela -

It is of great service when there are dis-  
charges from <sup>the</sup> ears, weak eyes and chronic  
coughs &c.

When there is a scrofulous diathesis,  
and the eruption is slight, with pain  
and a paralytic weakness of the limbs.  
Also as an adjuvant during the whole  
course of the disease.

Hellebore. This is to be used when there  
are symptoms of effusion <sup>in</sup> the brain.  
Thus. If ~~the~~ process of decomposi-  
tion should appear, as indicated by  
foul discharges from the bowels, livid  
color of the skin, fading away and  
unhealthy character of the eruption  
that should be used.

Chamomilla. is of use for the great most.

lessness.

There are numerous other remedies that will have to be used in certain cases, but I think those mentioned will control the greater number of cases - For the itching, before mentioned, a little fresh lard may be rubbed over the skin -

The diet should be mild, the farinaceous articles being the best suited - The patient may be allowed to drink cold water in moderation, but the side of the glass should not be allowed to touch his lips, as too great care cannot be taken with regard to cold -

The stage of incubation lasts from ten to fourteen days -